

Small Business Economic Impact Statement
WAC 246-491
Vital Statistics Certificates

This rule has been reviewed. A Small Business Economic Impact Statement is required due to greater than minor costs for reporting amendments. Cost minimizing features have been included.

I. What does the rule or rule amendment require?

The rule requires that hospitals, funeral directors, and certifiers of causes of death collect information for birth, fetal death and death certificates that are slightly different from the U.S. standard certificates, but each on a form that is constructed and delivered by the Center for Health Statistics/DOH. The birth certificate data are collected by a web instrument form data that the hospitals and birthing centers generate on site from hospital records, and a work sheet filled in by parents.

The death certificate, which is being approved by this rule change, will not be in effect until January 1, 2004. Prior to that time, a mandatory legislative feasibility study on the proposed electronic collection of death certificates (EDRS) must be completed by December 31, 2002. This report to the legislature will discuss potential impacts, costs and savings of affected small businesses.

The rule to be amended defines the items included on vital statistics certificates provided by the Washington State Center for Health Statistics (CHS). This amendment is necessary because of recent changes in federal recommendations cited in Washington State law. RCW70.58.055 requires CHS to use on its vital statistics certificates, at a minimum, the items recommended by the National Center for Health Statistics (NCHS). NCHS periodically revises its recommendations, to increase the relevance and quality of data collected on the certificates. Historically the national revision prompts a revision of state certificates, to ensure nation-wide comparability and take advantage of improvements suggested by national reviews of the certificate items. Implementation of these recommendations for the birth and fetal death certificates is expected to take effect in January 2003. Implementation for the death certificate will be January 1, 2004.

The current rule changes modify the certificates only slightly. All persons or business affected have filled in and submitted these certificates as a part of their business practice since beginning their business. Birth certificate data are collected by a web instrument from data that the hospitals and birthing centers generate on site from hospital records, and a work sheet filled in by parents. The death certificate, which is being approved by this rule change, will not be in effect until January 1, 2004. The change will not affect the methods by which funeral directors collect their information, since they rely upon informants—family members of the deceased, doctors, medical examiners, nursing home or hospital staff. However, additions, changes or deletions to each certificate were examined to determine if there are any disproportionate burdens to small business. There are two additions new to the certificate (*tribal reservation name and county of injury*).

Based on other analyses, these items would add 15 seconds to the completion time of each death certificate. There are six the items deleted from the certificate (*License number of funeral director, Date pronounced dead, Time pronounced dead, Signature of person pronouncing death, License number of person pronouncing death, and Date person pronouncing death signed*). As a conservative estimate, the timesavings from the deletions would be at least 30 seconds per death certificate. Thus, the net change is 15 seconds less for the new death certificate. For this reason, an item analysis for death certificates was not done.

Industries affected:

This rule has been evaluated and the amendments may affect the following 4 digit SIC codes. Midwives and hospitals (8049, 8062, 8069) are affected primarily by the birth certificate requirements. The remaining SICs (7261, 8011, 8031), are affected primarily by the fetal death certificate.

7261 – Funeral homes

8049 – Midwives & Clinics of physician assistants

8062 – General medical & surgical hospitals

8069 – Cancer hospitals, chronic disease hospitals, maternity hospitals, etc.

8011 – Clinics of physicians & Pathologists

8031 – Clinics of osteopathic physicians

II. Rule costs:

Most of the rule amendment costs are exempt due to the fact that the rule adopts a federal or state law by reference. The remaining costs involving those parts of the rules that delete or add items, which may not be exempt, have been analyzed based on the time required to fill out the added information.

Reporting Costs: All of the costs of the rule amendments are reporting. For a breakdown of the labor cost of the reporting requirements see Table 1. For a worst case analysis the labor cost of the reporting requirement for a large hospital is \$1,582 and for a small hospital is \$12.51 per year. The large hospital is assumed to have 4,967 births and the small birthing hospital is assumed to have 16 births per year¹ Large hospitals generally have computer systems that automatically query for data and data entry is fast and done by a medical assistant with an hourly wage of \$12.07. The small birthing centers may have the data entry done by the RN who helped with delivery. The average hourly wage for the RN is \$24.22.²

The agency used an expert opinion³ to estimate the time it takes to enter data in the new data system that is being made available to all birthing centers.

The cost for fetal death certificates is minor. Since they are rare it is not considered here.

¹ Some hospitals have one or two birth but these are generally emergencies.

² See sources on table 1.

³ Pat Starzyk, Research Investigator, Center for Health Statistics.

Table 1

**Estimate of Cost of Rule for proposed 2003 Washington State Birth Certificate
and U.S. Standard Certificate**

	Required by			Added	Large Hospitals		Small Hospitals	
	Federal	DOH		time per	# Births/yr	4967	# Births/yr	16
	Reg.	Prop.	Status	birth	Cost/birth ¹	Total \$	Cost/birth ²	Total \$
Changes to existing items:								
Place where birth occurred: add 'enroute'	Yes	--	Exempt					
Mother married? Split into two questions: Is mother married to the father? If no, was mother married to anyone during this pregnancy?	Yes	--	Exempt		--	--	--	--
Mother's education: If 8 th grade or less, add line to specify exact years of education	Yes	--	Exempt					
Father's education: If 8 th grade or less, add line to specify exact years of education	Yes	--	Exempt	--	--	--	--	--
Source of payment for delivery: Add 'Indian Health' and 'CHAMPUS'	Yes	--	Exempt					
Risk factors in this pregnancy: Add 'Group B streptococcus culture positive'	Yes	--	Exempt	--	--	--	--	--
Infections present and/or treated during this pregnancy: Add 'HIV infection' and 'Other (specify)'	Yes		Exempt	--	--	--	--	--
Added items:								
Tribal reservation name (if applicable)	Yes	<i>Eligible</i>		10	0.0335	166.39	0.0673	1.08
Mother's telephone number	Yes	<i>Eligible</i>		5	0.0168	83.45	0.0336	0.54
Length of time at mother's current residence	Yes	<i>Eligible</i>		5	0.0168	83.45	0.0336	0.54
Mother's occupation and industry	Yes	<i>Eligible</i>		10	0.0335	166.39	0.0673	1.08
Father's occupation and industry	Yes	<i>Eligible</i>		10	0.0335	166.39	0.0673	1.08
Optional signature line for person reviewing the worksheet	Yes	<i>Eligible</i>		0	0	0	0	0
Infant head circumference	Yes	<i>Eligible</i>		60	0.2012	999.36	0.4037	6.46
Deleted items:								
Date filed by registrar	Yes	<i>Eligible</i>		-5	-0.0168	-83.45	-0.0336	-0.54
Total				95	0.3185	1581.99	0.6391	10.23

¹ Large Hospital Costs estimated based on work done by a "Medical Assistant," 31-9092, mean annual wage \$12.07/hour

² Small Hospital Costs estimated based on work done by a "Registered Nurse," 29-1111, mean annual wage \$24.22/hour.

III. Is the cost disproportionate?

This rule amendment has been reviewed and the cost is disproportionately high for small business. The cost for large hospitals is estimated to be \$.78 per employee and for small birthing centers \$.92 per employee.

Given that the cost is disproportionate for small business DOH must minimize the costs.

IV. What cost minimizing features were included?

A. Reducing, modifying, or eliminating substantive regulatory requirements

DOH eliminated one item from the birth certificate, requiring the date filed by the registrar.

B. Simplifying, reducing, or eliminating record keeping and reporting requirements

Making the computer system web accessible means that it is far easier for the hospitals and other users to maintain records and file them than it was.

C. Reducing the frequency of inspections;

There are no inspections.

D. Delaying compliance timetables

There is no change but DOH has made it easier to comply on time with the new WEB system.

E. Reducing or modifying fine schedules for noncompliance

There are no fines.

V. How will you involve small business in the rule making?

Information was sent to approximately 1,960 hospitals, birth centers and other interested parties. Information was also placed on the Department of Health Web Site with forms for comment. Those without access to the internet may request a packet of information through the U.S. mail.

The same people and organizations will be notified of the hearing scheduled for September 11, 2002.